

U.S. DISTRICT COURT
DISTRICT OF NEBRASKA

FORM A—To be used by a prisoner filing a complaint ^{15CV228} under the Civil Rights Act, 42 U.S.C. § 1983

15CV228
OFFICE OF THE CLERK

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NEBRASKA

Carmen C. Cocklin

(Enter above the full name of
the plaintiff or plaintiffs
in this action.)

8:15CV228

v.

COMPLAINT

Department of Corrections
Douglas County Dept. of
Corrections

(Enter above the full name of
the defendant or defendants
in this action, if known.)

(Note: If there is more than one plaintiff, a separate sheet
should be attached giving the information in Parts I, II, and III
for each plaintiff, by name. Remember, all plaintiffs must sign
the complaint.)

I. A. Place of Present Confinement
 B. Parties to this civil action:

Please give your commitment name and any other name(s) you have used while incarcerated.

(1) Plaintiff Carmen C Cocklin Registr. No. 1108036
 Address 2717 Camden Ave
Omaha, Ne 68111

Additional plaintiff's Registr. No. and address:

(2) Defendant Douglas County Department of Corrections
 is employed as Dept. of Corrections at 7103. 17th St Omaha 68102

Additional defendant's employment: _____

II. Previous Civil Actions

A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes No ✓

(1) Title: _____ (Plaintiff) _____ (v.) _____ (Defendant)

(2) Date filed _____

(3) Court where filed _____
 (specify if the court was state or federal and the level of the court)

(4) Court number and citation _____

(5) Name of judge to whom the case was assigned _____

(6) Basic claim made _____

(7) Date of disposition _____

(8) Disposition _____
(pending) (on appeal) (resolved)

(9) If decided by the court, state whether for plaintiff or defendant _____

(10) Approximate date of filing _____

(11) Approximate date of judgment _____

For additional cases, provide the above information in the same format on a separate page.

B. Have you begun other cases in state or federal courts relating to the conditions of your treatment while in confinement? Yes No

III. Grievance Procedure

A. Does your institution have an administrative or grievance procedure? Yes No

B. Did you present the facts relating to your complaint through the administrative or grievance procedure?

Yes No

C. What was the result? The system and grievance procedure

is not valued within this institution. They take your

D. If you did not file a grievance, state the reasons _____

E. Please attach any responses as exhibits to this complaint.

F. If there is not prisoner grievance procedure at your institution, did you complain to prison authorities?

Yes No

* I asked several times for the chain of command or the next up the institutional ladder, no responses. *

Control # (N.º de Control)

Moncal

146023

DOUGLAS COUNTY DEPARTMENT OF CORRECTIONS

INMATE GRIEVANCE FORM (Step One)

(Formulario de Denuncia del Interno [Primer Paso])

Inmate Name: Amelia Jackson
(Nombre del Interno)Data #: 115 8036 Housing Unit: 12/H
(N.º de Identificación) (Unidad de Alojamiento)Date: 5/21/2015
(Fecha)Date of Incident: 5/10/2015
(Fecha del Indicente)Type of Grievance: (Please check one box)
(Tipo de Denuncia [Marque una casilla]) Medical/Medical Commissary/Account (Comisariato/Cuenta) Officer/Staff Complaint (Queja del oficial/personal) Kitchen/Food Service (Cocina/Servicio de comidas) Other (Otro)

Summary of Grievance (Resumen de la Denuncia). T WAS told by a SGT T.R.K
WHEN HIS NAME, T DOUBLED UP IS A SHIFT SCHEDULE.
HE SAW IT AND TOLD THE STAFF TO TELL THE SGT T.R.K TO GET OUT OF THE BAND
LINE UP. HE ALSO SAID TELL T THAT IT HAD TO T WOULD NOT
DO THAT TIME; T REAGGED HIM IN THE HALL AND
HE TOLD HIM IT WAS 151 AT 3:55 PM IT FINISHED
AT 1:15 PM. THE STAFF ON DUTY AT THAT TIME HAS
INFORMED T THAT THE SGT T.R.K TO TELL THE STAFF AND
THAT NEVER TOLD T TO NEVER SHOW UP AT THE DAY
HEART (CIN)

Inmate's Signature (Firma del interno)

Witnessing Officer's Signature (Firma del oficial que sirve de testigo)

Decision of Case Management (Decision de la Dirección de Causas):

WILL YOU TELL S T.R.K. TO
ASKED ME WHAT
OF ME
HOW DO YOU
LESSON
MY
LOCKDOWN
WHEN THIS
OBVIOUSLY
WAS A
LIE?

IN THE END ON 5/19 T. T. IS CURED
ON 5/10.

Inmate's Signature
(Firma del interno)

Signed (Firmado)

Date (Fecha)

Date Rec'd
(Fecha registrada)Witnessing Officer's Signature
(Firma del oficial que sirve de testigo)

Distribution:

White Copy: Case Management

Canary Copy: Inmate File/Records

Pink Copy: Inmate Copy

Rev. 7/2010

*grievance's are dead ends she waits to
long to even give them to you.

DCC 192

DOUGLAS COUNTY DEPARTMENT OF CORRECTIONS
INMATE REQUEST FORM
FORMULARIO De SOLICITUD PARA RECLUSOS

To/Para: CASEMANAGEMENT Date/Fecha: 5/21/15
(Print Name or Department/Escribir nombre o departamento con letra de imprenta)

From/De: CARMEN COCKIN Data/Datos: 1108036 H/U: 12/21
(Print Name/Escribir nombre con letra de imprenta)

BOTH COPIES NEED TO BE SUBMITTED FOR RESPONSES
(Deben Entregarse Ambas Copias Para Obtener Respuestas)

Request/Solicitud: _____

*I am requesting another grievance
and I suppose I will request one until
I have playing catch up.
I imagine by the time you act on any
of my requests my sanction would have
been served?*

Carmen Cockin
(Inmate Signature/Firma del recluso)

5/21/15
(Date/Fecha)

Reply/Respuesta: _____

Ok. Grievance attached

6/2/15
(Date/Fecha)

(Employee Printed Name/NOMBRE IMPRESO DEL EMPLEADO)

(Employee Signature/Firma del empleado/Chit #/Recibo nro)

WHITE COPY: Inmate File
YELLOW COPY: Inmate

(Revised 7-2013)

DCC 7

DOUGLAS COUNTY DEPARTMENT OF CORRECTIONS

INMATE GRIEVANCE FORM (Step One)

(Formulario de Denuncia del Interno [Primer Paso])

Inmate Name: Erman Lichten
(Nombre del Interno)

Data #: 1108131
(N.º de Identificación)

Housing Unit: 12129
(Unidad de Alojamiento)

Date: 5/27/2015
(Fecha)

Date of Incident: 5/18/2015
(Fecha del Indicente)

Type of Grievance: (Please check one box)
(Tipo de Denuncia [Marque una casilla])

(Tipo de Denuncia [Marque una casilla])

Medical Medication

Commissary/Account (Comisariato/Cuenta)

1 Officer/Staff Complaint (Queja del oficial/personal)

Kitchen/Food Service (Cocina/Servicio de comidas)

Other (Otro)

Summary of Grievance (Resumen de la Denuncia)

Inmate's Signature (Firma del interno)

Witnessing Officer's Signature (Firma del oficial que sirve de testigo)

Decision of Case Management (Decision de la Dirección de Causas):

Inmate's Signature
(Firma del interno)

Date Rec'd
(Fecha reg.)

Witnessing Officer's Signature
(Firma del oficial que sirve de

Pink Copy: Inmate Copy

Rev. 7/2010

White Copy: Case Management

Canary Copy: Inmate File/Records

She told me Marks however they still sound the same. PCC 192

* Okay How can I grieve more
when I am not given grievance forms?

DOUGLAS COUNTY DEPARTMENT OF CORRECTIONS
INMATE REQUEST FORM
FORMULARIO De SOLICITUD PARA RECLUSOS

To/Para: CASEMANAGEMENT Date/Fecha: 5-19-2015
(Print Name or Department/Escribir nombre o departamento con letra de imprenta)

From/De: Carmen Cocklin Data/Datos: 1108036 HU: 12/21
(Print Name/Escribir nombre con letra de imprenta)

BOTH COPIES NEED TO BE SUBMITTED FOR RESPONSES

(Deben Entregarse Ambas Copias Para Obtener Respuestas)

Request/Solicitud: Can I please have a grievance
form please and thank you

Carmen Cocklin 5/19/15
(Inmate Signature/Firma del recluso) (Date/Fecha)

Reply/Respuesta:

There are
2 case
managers
and this
isn't one

(Date/Fecha) (Employee Printed Name/Nombre impreso del Empleado) (Employee Signature/Firma del empleado) (Chit #/Recibo nro)

WHITE COPY: Inmate File
YELLOW COPY: Inmate

(Revised 7-2013)

115 5/21/2015

Signature
this is forged & does not look like a stamp to me?

8:15-cv-00228-JFB-PRSE Doc # 1 Filed: 06/22/15 P
86
Sterk 12906055 envelope 10-80

8676 envelopes (5) 2.90

⑥ 0614 teplexol (5) .86. > 376

0671 Cough drops(1) 1.09 ✓

0754 emery board (1) 50 785

1060 paper (1) - 93 - 535

1068 per (1) .34 — 628

Wavy line = 6.62

I'M
DOING
WHAT
OUR
FATHER
WANTS

Preparation is Key

He gave Haman

Are J. Beings Free Will

AND $\text{do}^{(2)}$ some

DEGREE Jurisdiction over
this realm so Although He Fights
For me, He also Fights for everyone
else and therefore the equation
has to Always Balance.

10
GIVE ME THE TOOLS
AND GIVE ME 2 TRY TO
USE WHAT I HAVE @ THE
TIME & NEVER GET WHAT
I WANT UNLESS I
HAVE REQUESTED IT.

cc: Super

DOUGLAS COUNTY DEPARTMENT OF CORRECTIONS
INMATE REQUEST FORM
FORMULARIO De SOLICITUD PARA RECLUSOS

To/Para: Sergeant / Case Management **Date/Fecha:** 5-23-15
 (Print Name or Department/Escribir nombre o departamento con letra de imprenta)

From/De: Carmen Rocklin **Data/Datos:** 1108036 **H/U:** 12/21
 (Print Name/Escribir nombre con letra de imprenta)

BOTH COPIES NEED TO BE SUBMITTED FOR RESPONSES

(Deben Entregarse Ambas Copias Para Obtener Respuestas)

Request/Solicitud: When I'm scheduled to be off lock down, I would like to call my family. I haven't made one phone call since my entire incarceration which has been n 18 days by the time I make it to court 6-1-15 it will be 1 month. I do not know what's going on with my case (a) all. I've only seen one public defender 1 time and I have left her a message. She has a 1 time 1 message policy and she has yet to respond, and that's on a weekly basis. I know she's typically in her office up until 5:30 pm now but the staff do not allow us to call; depending on the staff we have, are able to put in a container/ store order. Please and thank you for responding in a timely fashion, for I know there a will have a "no message" you send policy..."

Carmen Rocklin
 (Inmate Signature/Firma del recluso)

5/23/15
 (Date/Fecha)

Reply/Respuesta:

You are allowed to make legal calls only on your cell time. You can ask the officers in the unit to allow you an earlier rec time. As long as you are only making legal calls I don't see why this would be an issue.

5-28-15
 (Date/Fecha)

C. Leedle
 (Employee Printed Name/Nombre impreso del Empleado)

Sgt. Leedle 5012
 (Employee Signature/Firma del empleado/Chit#/Recibo nro)

WHITE COPY: Inmate File
 YELLOW COPY: Inmate

(Revised 7-2013)

DCC 7

**The Staff will not allowed of*

- I need a few charts
- File MHA for Hydroxizine just in case
- File the library again for another copy of 183 (IV) Application
- Regular library
- Look up another Attorney took @ photos

And (15) 20 what that name is A C U or whatever

Control # (N.º de Control)

140052

DOUGLAS COUNTY DEPARTMENT OF CORRECTIONS

INMATE GRIEVANCE FORM (Step One)

(Formulario de Denuncia del Interno [Primer Paso])

12/24/2015
10:30 AMInmate Name: Armon C. Jackson

(Nombre del Interno)

Data #: 1108036

(N.º de Identificación)

Housing Unit: 12/24

(Unidad de Alojamiento)

Date: 6-4-15

(Fecha)

Date of Incident: 6-3-15

(Fecha del Incidente)

Type of Grievance: (Please check one box)

(Tipo de Denuncia [Marque una casilla])

 Medical (Medica) Commissary/Account (Comisariato/Cuenta) Officer/Staff Complaint (Queja del oficial/personal) Kitchen/Food Service (Cocina/Servicio de comidas) Other (Otro)

Summary of Grievance (Resumen de la Denuncia)

I AM ARIEVING MEDICAL
BECAUSE THE NURSE THAT WORKS TALKED TO ME
YESTERDAY (6/3/15) THAT I WOULD HAVE MEDICATION
IN JUNE. WAIT TILKET THAT I TALKED TO MY DOCTOR &
SINCE THEN IT WAS NOT THERE SINCE JUNE THIS AM I TALKED
TO MY DOCTOR (DR. MURKIN). VS SPKIN, FOR 30 DAYS, I HAD
DIFICULTY SLEEPING AND HAD TO TAKE MED. I TALKED TO MY DOCTOR
TO ENDURE THE PAIN. I TALKED TO MY DOCTOR (DR. SPKIN) & SO
FOR OVER 30 DAYS I HAVE BEEN IN PAIN WITH THE SO
(CONDITION) AND PAIN. I CANNOT DO ANYTHING.
I AM IN PAIN.

Inmate's Signature (Firma del interno)

Witnessing Officer's Signature (Firma del oficial que sirve de testigo)

*(checked)
thoroughly
for my
stomach
& my
definitely
my
head.*

Decision of Case Management (Decision de la Dirección de Causas):

MS. C. Jackson - I have reviewed your
medical records and you were prescribed
these medications on 6-27-15. You started taking
them on 6-4-15.

Signed (Firmado)

6-9-15

Date (Fecha)

Inmate's Signature
(Firma del interno)Date Rec'd
(Fecha registrada)Witnessing Officer's Signature
(Firma del oficial que sirve de testigo)Distribution:
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White Copy: Case Management

Canary Copy: Inmate File/Records

Pink Copy: Inmate Copy
DCC 192

DOUGLAS COUNTY DEPARTMENT OF CORRECTIONS
 INMATE REQUEST FORM
 FORMULARIO De SOLICITUD PARA RECLUSOS

2015 MAY 16 22:27

To/Para: MedicalDate/Fecha: 5/16/15

(Print Name or Department/Escribir nombre o departamento con letra de imprenta)

From/De: Carmen CockrumData/Datos: 110803, HU: 12/21

BOTH COPIES NEED TO BE SUBMITTED FOR RESPONSES

(Deben Entregarse Ambas Copias Para Obtener Respuestas)

Request/Solicitud: My hands are still very sore/hurting
 as well as all my digits, toes & fingers.
 They are swollen! my wrist hurts &
 internally it still hurts and
 I am not able to move them
 right and I am afraid to use them
 again. I am afraid when
 I go to the bathroom I will

I am in lock down for 24 hours and I don't know if I
 can make another request or what to do.
 I am on the small side I should have known better
 I have got some throat medicine and I think
 I'm getting better. Please and
 thank you for your help.

Carmen Cockrum

(Inmate Signature/Firma del recluso)

5/16/15 10:30 am

(Date/Fecha)

Reply/Respuesta:

* Did I have a slight
 stroke 5/5/15?

* Was I sleep
 walking?

Deak5/17/15R

(Date/Fecha)

(Employee Printed Name/Nombre impreso del Empleado)(Employee Signature/Firma del empleado/Chit #/Recibo nro)

WHITE COPY: Inmate File
 YELLOW COPY: Inmate

(Revised 7-2013)

DCC 7

My head still hurts
 internally as of
 5/19/15 present 2:55pm

the
 issue

To Whom It May Concern:

I am trying to hold on
which I think I'm doing
a great job, but the pressure
on the temple of my head
is excruciating it hurts
really bad and theres
no help just pretend to
prefered like they did
something by giving
2 tylenol or whatever.

P.S.
I cannot get any
kites to ask for grievance
b/c they dont
want me leaving
a paper part.
I was told I
was on kite
restriction?

* Could I Be having a Aneurysm?

Trust me I don't need No
psychotropic drug until
I find out what is
going on internally
in my head.

①

DOUGLAS COUNTY DEPARTMENT OF CORRECTIONS
INMATE REQUEST FORM
FORMULARIO De SOLICITUD PARA RECLUSOS

2015 MAY 31 10:20

To/Para: Library Medical Date/Fecha: 5/29/15 Now
 (Print Name or Department/Escribir nombre o departamento con letra de imprenta) 5/30/15

From/De: Carmon Coker Data/Datos: 1108036 H/U: 12/21
 (Print Name/Escribir nombre con letra de imprenta)

BOTH COPIES NEED TO BE SUBMITTED FOR RESPONSES

(Deben Entregarse Ambas Copias Para Obtener Respuestas)

Request/Solicitud:

I have put on several kites as far as
 I can. I have pain in my abdomen
 pain, most pain is in my back; back pain is very
 The back pain which is persistent and
 pain. pain since my arrival. I've told
 you numerous of times I believe I had a
 concussion or mild stroke numerous of times
 upon arrival. Nothing is being done or has been
 done about it since my arrival 5/5/15. I've took
 off brand new a couple of times about last evening
 but knock me unconscious, later to wake with the
 same persistent head pain. I camp in 5126/15 only to
 find that it was a basic aches(V) that everyone gets. The Doctor
 started I have a appointment scheduled later this week as we has
 had no appointment previously. Here it is the end of the week and I am still
 / Carmon Coker 5/29/15 Now 5/30/15 ^{NOTHING}

(Inmate Signature/Firma del recluso)

(Date/Fecha)

Reply/Respuesta:

I've
 been
 more than
 patient
 almost (1)
 month now.
 My next
 step is to
 believe for
 this matter

(Date/Fecha)

(Employee Printed Name/Nombre impreso del Empleado)(Employee Signature/Firma del empleado/Chit #/Recibo nro)

WHITE COPY: Inmate File
YELLOW COPY: Inmate

(Revised 7-2013)

DCC 7 Is unjust & inhumane.

DOUGLAS COUNTY DEPARTMENT OF CORRECTIONS
INMATE REQUEST FORM
FORMULARIO De SOLICITUD PARA RECLUSOS

To/Para: Medical

(Print Name or Department/Escribir nombre o departamento con letra de imprenta)

Date/Fecha: 5-22-15From/De: Thomas Coklin

(Print Name/Escribir nombre con letra de imprenta)

Data/Datos: 1105036 H/U: 12/21**BOTH COPIES NEED TO BE SUBMITTED FOR RESPONSES**

(Deben Entregarse Ambas Copias Para Obtener Respuestas)

Request/Solicitud: My head still hurts as of today 5/22/15.
 The pain is in my neck and I have to sleep back
 when I wake back up 5/17/15 still throbbing.
 My stomach pains really bad, I feel from
 5/10/15 to 5/18/15 so my period came and
 went. I need to be checked internally by
 a medical doctor please and thanks.
 P.S. around 3am still having trouble
 from morning 5-5-15 the day I arrived and
 for place can you possibly see about my
 head being checked to make sure it is not
 subdural or any other injuries. Please
 thanks.

Thomas Coklin

(Inmate Signature/Firma del recluso)

5-22-15 @ 7:00am

(Date/Fecha)

Reply/Respuesta:

SlenSob. w/ APRW5/24/15 Alyda

(Date/Fecha)

(Employee Printed Name/Nombre impreso del Empleado)

(Employee Signature/Firma del empleado/Chit #/Recibo nro)

WHITE COPY: Inmate File
YELLOW COPY: Inmate

(Revised 7-2013)

DCC 7

Finally have a appointment w/a
 nurse as of 5/24/15 /Dont know when but I
 got a appointment

*AFTER several days that were not returned,
to me I finally received this copy
DOUGLAS COUNTY DEPARTMENT OF CORRECTIONS *morally*
INMATE REQUEST FORM
FORMULARIO De SOLICITUD PARA RECLUSOS

To/Para: Property

(Print Name or Department/Escribir nombre o departamento con letra de imprenta)

Date/Fecha: 5/27/15From/De: Carmen Cocklin

(Print Name/Escribir nombre con letra de imprenta)

Data/Datos: 1108036 H/U: 12/21

BOTH COPIES NEED TO BE SUBMITTED FOR RESPONSES

(Deben Entregarse Ambas Copias Para Obtener Respuestas)

Request/Solicitud: *Thanks for your response to my (1st) previous request regarding my property. This phone (Hens) been here or there & they dropped off 5/22/15? Also, I see all that is listed, I have a few possibilities there's a FIRST NATIONAL BANK (VISA) card in there as well? I see the (3) mastercards and I know what they are, but what about that VISA? I also see the checkbook book in 1002 is where can I find that maybe in my loose papers (book) Also, was there any braided human hair (LIVE) and 1 pack of synthetic (Teri) when you will make in 1003 that a make up box complete kit? & a man big, big enough to be its owner/purse and also I inquiring about my bookbag, it would be tanish/ tan and in the 1002 pocket it would have several pieces of my custom jewelry/diamonds? And how about a medicated bottle of mouthwash?*

(Inmate Signature/Firma del recluso)

(Date/Fecha)

5/27/15

Reply/Respuesta:

*This is a list of your property -*5-27-15

(Date/Fecha)

4118

(Employee Printed Name/Nombre impreso del Empleado)

(Employee Signature/Firma del empleado/Chit #/Recibo nro)

WHITE COPY: Inmate File
YELLOW COPY: Inmate

(Revised 7-2013)

DCC 7

*MISSING
Please
TMSH
Pls
Play Chit 4 as per as response*

DOUGLAS COUNTY DEPARTMENT OF CORRECTIONS

Corrections Personal Property Receipt

Inmate Name: COCKLIN, CARMEN

Data Number: 1108036

Technician: sel
Time: 5/27/15 8:33 PM

Quantity	Property Item	Property Description	Kept	Property Bag
1	BAG	grey 1024 2205208		1024
1	BRACELET	cord multi		1024
1	chechbook	1002-1030		1024
1	cross	st		1024
1	EARRING	st		1024
1	EARRING	gt		1024
1	ID	ne id ne id paper exp ss ndoc id ne dl 3 visa mc		1024
1	money	.98		1024
2	MEDS	bottle empty inhaler nasal spray		1024
1	MSC/PAPR	various hygeine makeup ear buds shirt cigs cup		1024
1	PURSE	blk		1024
1	SUNGLOSS	brn		1024
2	token	gt		1024
1	WATCH	gt		1024

I UNDERSTAND AND AGREE THAT:

1. The above list is an accurate inventory of my personal property; and
2. It is my responsibility to protect and safeguard any property I am allowed to keep against loss or damage; and
3. It is my responsibility to pick up any personal property left at DCDC upon my release; and
4. Any personal property not picked up within 30 days of my release from DCDC will be destroyed; and
5. I was allowed the opportunity to make a phone call upon admission.

Date	Inmate Name	Witnessing Officer
------	-------------	--------------------

I state that I have received all of the above inventoried personal items upon my release from the Douglas County Department of Corrections.

Date	Inmate Name	Witnessing Officer
------	-------------	--------------------

Date	Was not allowed to execute or (V) #1	Transferring Officer	Transferring Agency
------	--------------------------------------	----------------------	---------------------

Did not use #5

* JUST Received Never signed or saw b4 5/22/18

Still MISSING

1st ✓ in series 100)

Hair(Live) / Hair(Terry)

Make up Bag (complete) kit

Book Bag w/ everything in it / ^{Travel} _{Bag}

My Cream color / Tan Book Bag

Mouthwash

phone & chargers

DOUGLAS COUNTY DEPARTMENT OF CORRECTIONS

Corrections Clothing Property Receipt

Inmate Name: OCKLIN, CARMEN
Inmate Number: 18036

Technician: KLSanduski
Time: 5/5/15 8:42 PM

Quantity	Property Item	Property Description	Kept	Property Bag
1	BRA	BLACK		0512
1	BRA	WHITE		0512
1	COAT	BLACK		0512
1	DRESS	BLACK		0512
2	SANDALS	BROWN/SILVER		0512
1	SHIRT	BLUE		0512

I UNDERSTAND AND AGREE THAT:

1. I was allowed an opportunity to shower upon admission.
2. I have been given an orientation to the facility and watched the orientation video.
3. The above list is an accurate inventory of my clothing; and
4. Any personal property not picked up within 30 days of my release from DCDC will be destroyed.

I ALSO UNDERSTAND AND AGREE THAT:

1. The below listed items are the property of DCDC; and
2. I am responsible for the safe keeping and return of all DCDC property before my release; and
3. I am financially responsible for any and all willful or negligent damage to property, whether belonging to Douglas County, DCDC staff or other inmate(s) or person(s).

I ALSO UNDERSTAND AND AGREE THAT I HAVE RECEIVED THE FOLLOWING ITEMS:

1 laundry bag, 1 bin, 2 property storage bags, 2 jumpsuits, 2 blankets, 1 pair footwear, 2 towels, 1 cup, 2 sheets, 3 underwear, 3 pair socks, 3 T-shirts, 1 bra (female only), 1 hygiene kit, 1 Inmate Rules and Regulations Handbook.

Date

Inmate Name

Witnessing Officer

I state that I have received all of the above inventoried personal items upon my release from the Douglas County Department of Corrections.

Date

Inmate Name

Witnessing Officer

Date

Transferring Officer

Transferring Agency

I am missing my purse wallet
makeup bag book bag etc; etc;

To: Mr.
Chairman
of the
Joint Committee
on Energy and
Natural Resources

Cheney
needs to

be received
whereas
the evidence

Control # (N.º de Control) 140015

DOUGLAS COUNTY DEPARTMENT OF CORRECTIONS
INMATE GRIEVANCE FORM (Step One)
 (Formulario de Denuncia del Interno [Primer Paso])

Inmate Name: Carmen Cockfin

(Nombre del Interno)

Data #: 14001536

(N.º de Identificación)

Housing Unit: 1281

(Unidad de Alojamiento)

Date: 5/18/15 @ 12:45

(Fecha)

Date of Incident: 5/18/15

(Fecha del Incidente)

Type of Grievance: (Please check one box)
 (Tipo de Denuncia [Marque una casilla]) Medical (Medica) Commissary/Account (Comisariato/Cuenta) Officer/Staff Complaint (Queja del oficial/personal) Kitchen/Food Service (Cocina/Servicio de comidas) Other (Otro)

Summary of Grievance (Resumen de la Denuncia)

I have been waiting on a inmate since 5/10/15
since I was put in lockdown the inmate
who is my inmate and staff never had me took my
pants and my t shirts socks etc that I last
I finally got out and its still happening
I received a job # therefore I cannot
contact my attorney

Inmate's Signature (Firma del interno)

Witnessing Officer's Signature (Firma del oficial que sirve de testigo)

Decision of Case Management (Decision de la Direccion de Causas):

Signed (Firmado)

Date (Fecha)

Inmate's Signature
 (Firma del interno)

Date Rec'd

Witnessing Officer's Signature
 (Fecha registrada) (Firma del oficial que sirve de testigo)

Distribution:

White Copy: Case Management

Canary Copy: Inmate File/Records

Pink Copy: Inmate Copy

RECEIVED

DOUGLAS COUNTY DEPARTMENT OF CORRECTIONS
 INMATE REQUEST FORM
 FORMULARIO DE SOLICITUD PARA RECLUSOS

To/Para: AdministratoDate/Fecha: 5/13/15

(Print Name or Department/Escribir nombre o departamento con letra de imprenta)

From/De: Carrie PekesData/Datos: 1108096 H/U: 12/21

BOTH COPIES NEED TO BE SUBMITTED FOR RESPONSES

(Deben Entregarse Ambas Copias Para Obtener Respuestas)

Request/Solicitud:

I was wondering
 about my pin#
 and account balance
 Can you give me the
 pin# and a
 printout of my
 account balance

(Inmate Signature/Firma del recluso)

(Date/Fecha)

Reply/Respuesta:

According to call records, you are
 now able to make complete phone
 calls. Thank you. GTL

Save this for
 100 days

(Date/Fecha)

(Employee Printed Name/Nombre impreso del Empleado)

(Employee Signature/Firma del empleado/Chit #/Recibo nro)

WHITE COPY: Inmate File
 YELLOW COPY: Inmate

(Revised 7-2013)

DCC 7

Why it take so long for a response when I originally asked
 5-8-15

Now call Reffis Law Office (402)397 7117 Tomorrow 9:00
tonight research more lawyers! (Grab kites)

DOUGLAS COUNTY DEPARTMENT OF CORRECTIONS
 INMATE REQUEST FORM
 FORMULARIO De SOLICITUD PARA RECLUSOS

To/Para: Medical

(Print Name or Department/Escribir nombre o departamento con letra de imprenta)

Date/Fecha: 6/3/15From/De: Carmen Cockin

(Print Name/Escribir nombre con letra de imprenta)

Data/Datos: 1108036 H/U: 12/24

BOTH COPIES NEED TO BE SUBMITTED FOR RESPONSES

(Deben Entregarse Ambas Copias Para Obtener Respuestas)

Request/Solicitud:

I really need to be put back on
 some Tylenol or something as soon as
 possible. All food still hurts. My tooth
 still aches and my stomach still hurts.
 I still have not been seen for the se
 complaints. I was sick (would have
 a doctors appointment last week but
 I did not). Please respond to this
 matter as soon as possible.

Thanks! (Inmate)
 (Inmate)
 (Inmate)

Carmen Cockin
 (Inmate Signature/Firma del recluso)

(Date/Fecha)

6/3/2015

Reply/Respuesta:

You were seen today by the nurse on shift.
 (Inmate)

X No changes except Tylenol
 again and I still don't
 have a rescue inhaler!

(Date/Fecha)

(Employee Printed Name/Nombre impreso del Empleado)

(Employee Signature/Firma del empleado/Chit #/Recibo nro)

WHITE COPY: Inmate File

(Revised 7-2013)

YELLOW COPY: Inmate

6/3

DCC 7

DOUGLAS COUNTY DEPARTMENT OF CORRECTIONS
INMATE REQUEST FORM
FORMULARIO De SOLICITUD PARA RECLUSOS

To/Para: CASEMANAGEMENT Date/Fecha: 5/26/15
 (Print Name or Department/Escribir nombre o departamento con letra de imprenta)

From/De: Carmen Cocklin Data/Datos: 110886 H/U: 12/21
 (Print Name/Escribir nombre con letra de imprenta)

BOTH COPIES NEED TO BE SUBMITTED FOR RESPONSES

(Deben Entregarse Ambas Copias Para Ohtener Respuestas)

Request/Solicitud: As of today I have not heard anything in regards to my grievance. I do understand the process could be lengthy. Anyways I have been trying to get the staff on that. Anyways I have other issues in other areas as well. It is convenient that if a crime had been committed it is the obligation and duty of the officials in this institution to help me file a report, for I have been unsuccessful in making contact w/ my public defender and time is only winding down. I don't have my wallet, identification, book bag, make up bag, etc. on my property list so therefore since I committed a violation of 3/5/15 that led to my incarceration I am assuming I was possibly raped and hit over the head then framed for false imprisonment, so with my non coherent ass is being held off to jail, they or whoever still keep my personal property. I need to file a report

(Inmate Signature/Firma del recluso)

(Date/Fecha)

5/26/15

Reply/Respuesta:

What grievance number are you referring to Carmen

Thank you

6/2/15 D file
 (Date/Fecha) (Employee Printed Name/Nombre impreso del Empleado) (Employee Signature/Firma del empleado/Chit #/Recibo nro)

WHITE COPY: Inmate File
 YELLOW COPY: Inmate

(Revised 7-2013)

DCC 7

G. If your answer to F is yes,

A. What steps did you take and what was the result? I ASK several times about the chain of command however, as usual I was ignored, so it left me no other choice but to write several people, places, and organizations including the ACLU. At this moment I am waiting on responses.

IV. Jurisdiction

A. Is this complaint brought for a violation of your federal constitutional rights by a person employed by the state, county, or municipal government or acting with such government officials? Yes No

If "yes," please state the agency the official(s) is/are employed by or why you believe the defendant(s) was/were acting in conjunction with government officials: The Agency would be Department of Douglas County Corrections. Numerous entities of this facility, contributed to violating my federal constitutional rights. This Defendant is acting in conjunction w/ the government for it is a state institution.

B. Is this complaint brought for a violation of state or local law? Yes No

If so, please specify (without alleging any supporting facts) the state law(s) you believe was/were violated The right to make a phone call upon admission, also to check accurate inventory of personal property and also the right to not enter or sign a law contract. Is/are the defendant(s) residents of the same state as me?

you? Yes No

If not, specify what state _____



Carmen Cocklin # 1108036

Douglas County Department of Corrections

710 South 17th Street

Omaha, NE 68102

June 9, 2015

Dear Ms. Cocklin:

AMERICAN CIVIL
LIBERTIES UNION of
NEBRASKA

941 O ST. #706
LINCOLN, NE 68508
T/ 402.476.8091
F/ 402.476.8135

OMAHA
T/ 402.933.3635

LEGAL HELP LINE
1.855.557.ACLU (2258)

www.aclunebraska.org

This is in response to your request for ACLU help.

We are not in a position to help you legally. Federal law says you must complete the grievance process before filing a lawsuit. Our hands are tied because we cannot take any action before you have completed the process.

If you have a specific issue you need resolved, we would encourage you to contact the Nebraska Ombudsman's Office at PO Box 94712 Lincoln, NE 68509. This office investigates complaints about county jails and state prisons. They may be able to resolve your problem for you.

We wish you the best of luck.

Sincerely,

A handwritten signature in black ink that reads "Lee Ford".

Lee Ford

Law Clerk

ACLU Nebraska

This address
is not
listed
anywhere
around here
that I
see.

V. Statement of Claim:

(State here as briefly as possible the **FACTS** of your case. You must state exactly what each defendant personally did, or failed to do, that resulted in harm to you, and describe the harm. Include the names of other persons involved (for example, other inmates), dates, and places of all events. If you allege related claims, number and set forth each claim in a separate paragraph. Attach an extra sheet, if necessary. Unrelated claims should be raised in a separate civil action. Do not give legal arguments or cite cases or statutes except in Part B below.

A. Douglas: Department of Douglas County Corrections entities w/n which are The Medical Department, Records, Case Management, Staff, Sargeants and all of the above, which include numerous entities of this facility and personnel | violated my Constitutional Rights. My right to make a phone call upon admission was violated. The right for me to check my personal property was violated. I only received (1) property sheet on 5/5/15. I did not receive another until 5/27/15. My right to not enter or sign a law abridging contract and/or sanction of a person as myself @ that time who was mentally incapacitated was violated. My right to appropriate

Medical Attention was violated.

My right to contact My attorney was violated until I received a pm.

My right to contact some In Case of a Emergency was violated if I felt sexually violated or felt like I was in a bad position. I could not even call ICE if I want to. To know a person is not mentally ~~capable~~ coherent upon entry, DOES NOT GIVE ANYONE THE RIGHT TO VIOLATE THEIR CONSTITUTIONAL. My right to a rules and regulation book was violated. I still
 * Please see Attached don't have one.

Also, the right to know appropriate people, places and government official addresses and such postings are in violation and unjust. Addresses like ACLU, Ombudsman's office and etc; should be provided upon entry. In Case of Emergencies, There also should be phone books that are current and not missing pages available as well.

5-17-15

①

To Whom It May Concern:

My name is Carmen C. Cocklin. My inmate # is 1108036. Currently, I am incarcerated here @ Douglas County Corrections, located @ 710 S. 17th St., Omaha 68102. I arrived here 5-5-15 @ 8:30pm, according to my booking sheet. I finally received that booking sheet, when I was finally booked 5-12-15 and/or it could have been 5-13-15. I do not remember the specific date because I did not write it down anywhere. Please excuse my memory. I do not have any recollections of anything that took place after a 5:30pm 5-5-15. All I remember is sitting on the steps of the apartment complex, in between Blondo & Maple, off of 83rd Street. I want to say those apartments are called the Florentine Apartments. I was there with my big sister, she went inside her friends apartment and I came outside the apartment and ate the rest of my dinner, Popeye's Chicken & Biscuits. From there I do not know anything else. All I know is I am now in jail. I came in with a slight concussion, a sprained wrist, and my tail bone was very sore possibly sprained as well. My vision has been very blurry and I have been experiencing excruciating headaches. The reason I am writing you is because I would like your assistance. For starters I have had some form of Dementia or some would say early Alzheimer's Disease. Anyways I have been documenting everything that has happened beginning 5-7-15. By writing I have been working on my sore/sprained wrist, however I do feel I have a lot of work ahead of me. Now 5-5-15 and 5-6-15, I do not remember, only slight recollections; here and there, like going from one police car to another. Then if I'm not mistaken, upon my arrival here @ DCC, I was stripped butt naked and placed in the "H" mode, which is the infirmary. It was 2 big

(2)

DOUGLAS COUNTY DEPARTMENT OF CORRECTIONS
INMATE REQUEST FORM
FORMULARIO De SOLICITUD PARA RECLUSOS

To/Para: _____ **Date/Fecha:** _____
 (Print Name or Department/Escribir nombre o departamento con letra de imprenta)

From/De: _____ **Data/Datos:** _____ **H/U:** _____
 (Print Name/Escribir nombre con letra de imprenta)

BOTH COPIES NEED TO BE SUBMITTED FOR RESPONSES

(Deben Entregarse Ambas Copias Para Obtener Respuestas)

Request/Solicitud: *White caucasian males who put me there. I don't know much, but I do know when I am being treated unfair, and when my personal rights are being violated. The only reason I remember slightly when I was booked is because it was only minutes before my attorney finally showed up. According to a lady, my attorney was suppose to come 5/11/15, I remember, however, she didn't show up until shortly after on another day. Anyways I have experienced a lot of trauma throughout my inmate. For starters I have been diagnosed with several mental illnesses, however, my PTSD has played the most significant part in my life. I have been shot, stabbed, raped, physically abused, mentally abused and etc. I've witnessed a lot of hardship. Also personally experiencing it as well. Thanks to my creator (God), my helplessness/hopelessness stage and state of mind is over with. That past is behind me and my future is looking brighter every second. I feel brighter*

(Inmate Signature/Firma del recluso)

(Date/Fecha)

Reply/Respuesta: *Within my mind, my heart and my spirit. With that all said I have ran into a few snags while here @ DCC. I feel there is a lot of things terribly wrong and unjust with this department, like I previously stated, I have been keeping detailed notes of my personal stay beginning 5/7/15. At the end of the day, I am a human being with a voice, just like everyone else. I feel that in order to receive the full truth and accountability of any institution and how it is ran, you should want both, or shall we say all point of views of the system in its entirety. While I am here @ DCC as a inmate, which I'm hoping not for too much longer, please feel free to have all my personal documentations. You may want to use my past personal stay here as a case study for improving your system!*

This is free voluntary information. However, I may or may not

(Date/Fecha) (Employee Printed Name/Nombre impreso del Empleado) (Employee Signature/Firma del empleado/Chit #/Recibo nro)

WHITE COPY: Inmate File

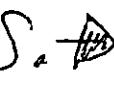
(Revised 7-2013)

DCC 7

YELLOW COPY: Inmate

want to possibly seek relief in other avenues depending upon my consultations. If I was out this would all be neat and typed up for you, however, I am not. If you have any questions

(3)

Or you would like me to elaborate further, feel free to contact me right here @ my current address of DCC ; ~~2717~~ 710 S. 17th St Omaha 68102. However, my personal/physical mailing address is my mothers address which is 2717 Linden Ave Omaha 68111. With that all said, I expect a full investigation of this institution and/or facility. It may be time to denote, I have witnessed some people work here over 15(+) years, who are still around. My first encounter here I was 18 years old, I am now 33 years old, but where is the improvement? One suggestion and tip I would like to extend, that way I stick to my own personal motto, "Always help give ways of suggestions of positive change." And one suggestion of mine to you would be a seminar bi-annually, every other month, or however long it takes for male and female guards with low self esteem. It would or may help if they were more secure in themselves as individuals, then they wouldn't feel the need to mistreat individuals as if they weren't human. Because lets not forget, "Innocent until proven guilty." And I still have trouble remembering the events that took place 5-5-2015. I may need to be hypnotized. Either way it goes it has to be very traumatic, I know my body and now it shuts down. My only worry is still trying to figure out how I got stripped but naked by 2 men thrown into "4" mod. Whatever the excuse, I pray that it is upstanding. Thanks for being asked, because they sure do not voluntarily offer this information. Sincerely, *Carmen Coker* P.S. 

A

DOUGLAS COUNTY DEPARTMENT OF CORRECTIONS
INMATE REQUEST FORM
FORMULARIO De SOLICITUD PARA RECLUSOS

To/Para: _____ **Date/Fecha:** _____
 (Print Name or Department/Escribir nombre o departamento con letra de imprenta)

From/De: _____ **Data/Datos:** _____ **H/U:** _____
 (Print Name/Escribir nombre con letra de imprenta)

BOTH COPIES NEED TO BE SUBMITTED FOR RESPONSES

(Deben Entregarse Ambas Copias Para Obtener Respuestas)

Request/Solicitud: *I plan to send this same document to Omaha World Herald, Eric Chambers, Jeff Ricketts and whoever else would like a copy. I refuse to keep being a victim, year after year, damage done. Enough is enough. You can also receive several documents I mailed to my Public Defender @ Douglas County Public Defender, 405 Civic Center, Omaha, Nebraska 68183. Also I have sent other information to Terence Salerno Law Office, 10051 Maple St, Omaha 68124. I am waiting on their response to see if they take my case. ~~or just ignore it~~*

*X This msg is for Terence Salerno law office
 Please go over this document and tell me*

(Inmate Signature/Firma del recluso) _____ **Date/Fecha:** _____

Reply/Respuesta: *make more sense. I know I wrote you earlier in the week and also the pressure on my brain I may have written everything to fast and unclear.*

*Please write me and see me
 or let me know something one
 way or the other I prefer to have someone
 behind me who is involved with this
 stuff. Please and thanks again,*

(Date/Fecha) _____ (Employee Printed Name/Nombre impreso del Empleado) _____ (Employee Signature/Firma del Empleado/Chit #/Recibo nro) _____

WHITE COPY: Inmate File

YELLOW COPY: Inmate

(Revised 7-2013)

DCC 7

P.S. If you agree with me and wish to proceed further I would like to know if you think it's a good idea to contact a few government departments for further internal investigation?

DOUGLAS COUNTY DEPARTMENT OF CORRECTIONS
 INMATE REQUEST FORM
 FORMULARIO De SOLICITUD PARA RECLUSOS

To/Para: Terrence Salerno Date/Fecha: 5/18/15
 (Print Name or Department/Escribir nombre o departamento con letra de imprenta)

From/De: Carmen Cockin Data/Datos: 1108086 H/U: 12/21
 (Print Name/Escribir nombre con letra de imprenta)

BOTH COPIES NEED TO BE SUBMITTED FOR RESPONSES

(Deben Entregarse Ambas Copias Para Obtener Respuestas)

Request/Solicitud: (DCC)

What did they do to me exactly? Well
 broke all my constitutional rights just about.
 For starters I wasn't allowed to make
 any phone calls. (2) I have been placed in
 lockdown since my arrival w/o a fair
 hearing. (3) Then I was told if I
 take my turn down or fail it I
 would be allowed out of lockdown.

(Inmate Signature/Firma del recluso)

(Date/Fecha)

Reply/Respuesta: (4) Up until 5-15-13 I have
 really been neglected the opportunity to
 shower and clean my living environment.
 (5) There is mold in my living unit.
 (6) I have constantly been seeking
 relief and help with issues I am
 having and I've made a square

(Date/Fecha)

(Employee Printed Name/Nombre impreso del Empleado)(Employee Signature/Firma del empleado/Chit #/Recibo nro)

WHITE COPY: Inmate File
 YELLOW COPY: Inmate

ONE.

(Revised 7-2013)

DCC 7

(7) As of today I still have not received a
 pin # able ables to contact my attorney

what Did OPD DO TO ME?

A Little About Me.

My name is Carmen C. Cocklin. I am 33 years old. No one person fully knows me and every hardship I had to bare alone w/ Christ to depend on solely. However, there are literally almost 1 million lives if not more that may share a personal story with me, who I may have come in physical contact with. I have experienced a lot of trauma throughout my life time. I have Bipolar (Manic), PTSD, ADHD, HIGH ANXIETY AND PANIC ATTACKS. I HAVE BEEN SEXUALLY ASSAULTED, RAPE, STABBED, SHOT, PHYSICALLY ABUSED, ROBBED, MENTALLY ABUSED, TORTURED, TRADED, HELD CAPTIVE and POISONED. At this point in my life, those are things of my past! I have been through a lot, I have seen a lot, not to mention I am an extremely dark complected big beautiful black woman. I am who I am and no one else can be me and no one else should want to be me. THANKS to God my Father and my Savior JESUS CHRIST, and the Living Holy Spirit, I still have a beautiful heart. I cannot stop laughing and living. The helpless/hopeless state of mind I once was is over. The past is dead behind me. My future is looking brighter every second. To play on my mental capacity would be a complete form of disrespect & @ this point considering how far I've come mentally & physically & spiritually, just b/c I choose to stand up for myself finally, does not mean I am a violent person. I still remain humble, however @ times I may tease my spouse. I just ask him he'll tell you I'm a Royal Bitch. Page 33

B. State briefly your legal theory or cite appropriate authority: My legal theory would be, I have the right to make one phone call upon admission; I have the right to receive appropriate medical treatment not just attention in a timely fashion; I have the right to clean blankets, clothing, pillows, all your personal essentials upon admission; I have the right to be dressed or undressed if need be by only female staff; I have the right to ask questions; I have the right to file grievances in a timely fashion.

VI. Relief

A. Do you request money damages? Yes No I have the right to file grievances in a timely fashion.

If so,

1. Did you lose any money from this incident? Yes No If so, how much? Uncertain, until my release from this institution.

2. Did you receive a physical injury? Yes No

* Will have a complete examine upon my release from this

3. What other harm did you experience from this incident? I was almost electric cuted by another inmate. I wrote

a 2 page letter to the case manager with a file about the incident, she never responded or returned the letter; This incident has sent my PTSD in complete shock and I have extreme nerve damage, as well as damage to my hair, not to mention my hearing has been impaired. As of today 6-17-16 I still haven't received appropriate

4. State the amount of damages claimed \$1,000,000.00 Medical one million dollars.

B. Do you request a jury trial? Yes No

C. State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I want the State of Nebraska to fully investigate my claim. Give me proof of what was found and allow a rebuttal to its findings. If the defendant has counter arguments against me, request proof through the form of video or audio footage. This is a secure facility, surely there are cameras everywhere. Please ask the appropriate questions like Why was nothing done? Why did staff respond so recklessly? Why isn't there more adequate policies and procedures for all types of situations? And who gives the call or protocol for handling the temporarily mentally incapacitated? Questions and more questions. Lie detector tests if need be. And I will submit to many lie detectors and/or polygraphs as well. As a former Ward of the State of Nebraska, the State has failed me time and time again, do something this time for me. Fight for me. Please!

VII. Request for Appointment of Counsel

A. Do you want an attorney to represent you in presenting your claim to the court? Yes No

B. Did someone help you in preparing this complaint? Yes No If so, state the person's name (optional)

C. Have you made any efforts to contact a private lawyer to determine if he or she would represent you in this action? Yes No

If so, state the name(s) and address(es) of each lawyer contacted:

Terrence J. Salerno, terry@salerno-law.com,
10651 Maple St, Omaha NE 68134, 402-502-9002,
Fax 402-991-0037, www.tsalerno-law.com
* See attached!

If not, state your reasons

(Note: This court has no funds with which to pay an attorney for handling this type of case. Because of this, appointments are made only in cases where an attorney is greatly needed and the attorney is willing to take the case without expecting to receive any fee.)

I declare under penalty of perjury that the forgoing is true and correct.

Signed this 1st day of June, 2015.

Laenor Feller

(Signature(s) of Plaintiff(s))



10051 Maple Street • Omaha, Nebraska 68134 • 402.502.9002 • Fax 402.991.0037
www.tsalerno-law.com

Terrence J. Salerno
terry@tsalerno-law.com
Licensed in Nebraska and Iowa

Danny C. Leavitt
danny@tsalerno-law.com
Licensed in Nebraska and Utah

May 21, 2015

Carman Cocklin
Dept. of Corrections
710 South 17th Street
Omaha NE 68102

RE: Letter dated 05-14-2015

Dear Ms. Cocklin:

I am unable to be of any assistance to you in this matter but I would encourage you to contact another attorney as soon as possible if it is your intent to move forward. There are statutes of limitations, which apply to all types of cases. The documents you sent to this office are enclosed.

I wish you the very best.

Very truly yours,

TERRENCE J. SALERNO

TJS/tal

TJS

10051 Maple Street • Omaha, Nebraska 68134 • 402.502.9002 • Fax 402.991.0037
www.tsalerno-law.com

Terrence J. Salerno
terry@tsalerno-law.com
Licensed in Nebraska and Iowa

Danny C. Leavitt
danny@tsalerno-law.com
Licensed in Nebraska and Utah

May 27, 2015

Carman Cocklin
Dept. of Corrections
710 South 17th Street
Omaha NE 68102

RE: Letter dated 05-22-2015

Dear Ms. Cocklin:

I am unable to be of any assistance to you in this matter but I would encourage you to contact another attorney as soon as possible if it is your intent to move forward. There are statutes of limitations, which apply to all types of cases. The documents you sent to this office are enclosed.

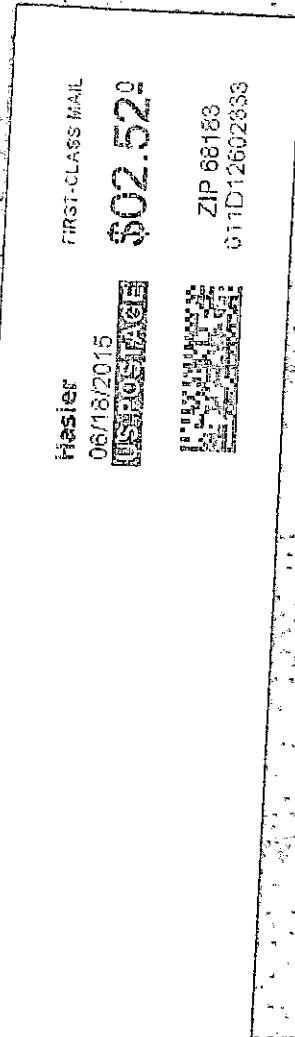
I wish you the very best.

Very truly yours,

TERRENCE J. SALERNO

TJS/tal

Carmen Cocklin
1108036 02/16 DEC
7108, N. 18th St
Omaha, NE 68102



Clerk of the United States District
111 South 18th Pl, Suite 1152, Court
Omaha, NE 68102-1322

RECEIVED

JUN 22 2015

CLERK
U.S. DISTRICT COURT
OMAHA